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**MAR 03 2004**

Appl No.: 09/992942  
Applicant: Boncyk, Wayne C.  
Filed: November 5, 2001  
Docket No.: 101044.0001US1

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

*Handwritten signature/initials*

**SUBSTITUTE PRELIMINARY AMENDMENT**

Sir:

Please cancel the all previously filed preliminary amendments in this matter, and enter the following:

- 1) Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.
- 2) Remarks/Arguments begin on page 4.
- 3) Confirmation of Change of Address is included on page 5.

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DATE: MARCH 3, 2004

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USPTO, examiner Ishrati Sherali	703-872-9314	703-308-9589

FROM: Barbara M. Hayashi

RE: Substitute Preliminary Amendment

OUR REF: 101044.0001US1	NUMBER OF PAGES, INCLUDING COVER: 8
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EVRYX - WAYNE BONCYK, ET AL.	

MESSAGE:

Attached please find a Preliminary Amendment for filing.

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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/992,942	
	Filing Date	November 5, 2001	
	First Named Inventor	Wayne C. Boncyk	
	Art Unit	2621	
	Examiner Name	I. Sherali	
Total Number of Pages in This Submission	7	Attorney Docket Number	101044.0001US1

ENCLOSURES <small>(Check all that apply)</small>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Preliminary Amendment
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Robert D. Fish; Rutan & Tucker	
Signature		
Date	3/3/04	

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Typed or printed name	Barbara Hayashi		
Signature		Date	03/03/2004

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